

Amendment #5 to RFP-NIH-NIAID-DMID-03-32
"Antibody Production Facility"

Amendment to Solicitation No.: NIH-NIAID-DMID-03-32

Amendment No.: 5

Issue Date: November 25, 2002

Effective Date: November 25, 2002

Proposal Intent Sheet Due Date: Monday, December 9, 2002

Proposal Due Date: December 20, 2002, at 4:00 P.M. local time

Issued By: Elizabeth Osinski
Contracting Officer
NIH/NIAID
Contract Management Branch
6700 B Rockledge Drive
Room 2230, MSC 7612
Bethesda, Maryland 20892-7612

Point of Contact: Elizabeth Osinski, Contract Specialist
Eo43m@nih.gov

Name and Address of Offeror: To All Potential Offerors

The above numbered solicitation is amended as set forth below. The hour and date specified for receipt of proposals **HAS NOT** been extended. Offerors must acknowledge receipt of this amendment. Failure to receive your acknowledgement of this amendment may result in the rejection of your offer. This amendment shall be acknowledged in the following manner:

- By acknowledging receipt of this amendment on each copy of the offer submitted.

AMENDMENT PURPOSE: To replace the "Proposal Intent Response Sheet", Section J – List of Attachments, with an updated version and to change the due date for the proposal **intent** response sheet to December 9, 2002.

- 1.) Replace the "Proposal Intent Response Sheet", Section J – List of Attachments, page 34 with the updated version, dated October 22, 2002, provided below.
- 2.) If you have previously submitted a Proposal Intent Response Sheet, please resubmit using this form. If you have not yet submitted a Proposal Intent Response Sheet, this form must be submitted by December 9, 2002.

PROPOSAL INTENT RESPONSE SHEET

RFP: NIH-NIAID-DMID-03-32**RFP Title:** Antibody Production Facility

Please complete and return this page by **Monday, December 9, 2002**. NIAID appreciates knowing if your institution intends to submit a proposal, as this will assist the NIAID in planning for proposal evaluation.

☐ OUR INSTITUTION **DOES INTEND** TO SUBMIT A PROPOSAL Your expression of intent is not binding.

☐ OUR INSTITUTION DOES **NOT INTEND** TO SUBMIT A PROPOSAL FOR THE FOLLOWING REASON(S):

Company/Institution Name (print): _____

Address (print): _____

Name of Proposed Project Director or Principal Investigator (print):

Telephone and FAX Number and E-mail Address:

Signature/Date: _____

Since your proposal will be submitted electronically, include the name and e-mail of the individual to whom NIAID should provide electronic proposal instructions (i.e. login code and password).

Name, Title: _____

Telephone and FAX Number and E-mail Address: _____

List individuals (currently on staff with your institution) whom you plan to name in the proposal. Identify your collaborators, subcontractors and/or consultants. List the names of individuals (currently on staff) whom they plan to include in their proposal(s). Use extra pages if necessary. The NIAID uses this information for proposal review planning, specifically, to create a list of potential review panelists. The NIAID is careful to avoid conflicts of interest when assembling these panels. Therefore, it's important that you only name those institutions and individuals most likely to be part of your proposal. Contact the individual named below with any questions.

COMPLETE AND RETURN THIS SHEET VIA FAX OR E-MAIL TO:

CMB, DEA, NIAID, NIH, DHHS

Attention: Elizabeth Osinski, Contract Specialist

Reference: RFP NIH-NIAID-DMID-03-32

6700-B Rockledge Drive, MSC 7612, Room 2230

Bethesda, MD 20892-7612 FAX# (301) 402-0972, Email: eo43m@nih.gov

FORM VERSION DATE: October 22, 2002